KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD

BEHAVIORAL HEALTH SUBCOMMITTEE

Meeting Minutes

January 22, 2013

Call to Order and Roll Call
The third meeting of the Behavioral Health Subcommittee was held on Tuesday, January 22, 2013, at 1:30 p.m. in the Small Conference Room at the Office of the Kentucky Health Benefit Exchange. Chairperson Julie Paxton called the meeting to order at 1:35 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; Gabriela Alcalde (by phone); Kelly Gunning; Dr. Stephen Hall; Kathy Lower (by phone); Sheila Schuster; Steve Shannon; Jordan Wildermuth; and Marcus Woodward. Nancy Galvagni, David Hanna, Jennifer Nolan, and Susan Rittenhouse were not present at the meeting.

New Member: Dr. Richard Edelson was introduced as a new member and added to the Behavioral Health Subcommittee.

Staff Present: Carrie Banahan, Sharron Burton (DOI), Miriam Fordham, Brenda Parker, Vanessa Petrey, and Sherilyn Redmon.

Approval of Minutes
A motion was made to accept the minutes of the December 10, 2012, meeting as submitted, seconded, and approved by voice vote.

Update on Exchange Activities
Carrie Banahan, Executive Director, Office of the Kentucky Health Benefit Exchange (KHBE), noted that on December 14, 2013, the Commonwealth was conditionally approved by the federal government to operate a State-based Exchange. The KHBE has been working with Deloitte, its information technology (IT) vendor, and completed a general system design as of December 27, 2012, and has entered a detailed system design phase. On January 17, 2013, the KHBE was approved for Level II funding in the amount of $182 million, for the completion of the IT system build and the first year of operational costs for the Exchange.

Mental Health and Addictions Parity
The members were provided with an overview of mental health and behavioral health parity issues. Dr. Hall noted that often, a lot of detail is not included in health insurance descriptions of behavioral health coverage. Sheila Schuster discussed federal and state legislation related to

parity. In 1996, the federal government passed the Kennedy-Kassebaum bill which applied only to mental health and prohibited the use of annual and lifetime limits. In 2000, Kentucky's legislature passed a mental health parity bill, House Bill 268, which dealt with behavioral health and substance abuse discrimination in service payment and coverage. HB 268 applied only to the large group market. The federal Mental Health Parity and Addiction Equity Act (MHPAEA) passed in 2008 and went into effect in 2009. The MHPAEA was comparable to Kentucky's law and covered both behavioral health and substance abuse.

Evidence Based Practices and Preventive Services

The members were provided with an overview of evidence based practices for behavioral health and substance abuse services. It was noted that the goals for physical rehabilitation are the same as those for behavioral health or substance abuse rehabilitation. The main goal is still restoring that individual to independence, much like occupational therapy, physical therapy, and so forth.

Ms. Banahan asked representatives from insurance providers what was currently done in the large group market today. A representative from Optim noted that there are no limits on outpatient services, similar to physician services. For some services, preauthorization may be necessary, similar to physical health requirements. Behavioral health service requirements are comparable to physical health service requirements. A representative from Anthem stated that there were no limits on outpatient services and no preauthorization requirement. However, Anthem does require precertification for inpatient hospital services.

Currently, mental health parity applies only to large group markets. Sharron Burton, Department of Insurance, noted that all individual and small group markets will have parity required because the Affordable Care Act (ACA) applies mental health parity to the essential health benefits. Since all plans are required to have essential health benefits, parity would also apply to all products in the individual and small group markets.

Lisa Jagnow, Department of Behavioral Health and Intellectual Disabilities, gave an overview of evidence based practices. Ms. Jagnow noted that evidence based practices are used in all of the various benefit categories under the ACA, not simply behavioral services. Behavioral health is its own category, but behavioral health services also fall under physical health categories. For example, certain behavioral health issues or other coordinating diagnoses, could impact emergency room services that may be needed for an individual. Providing needed services for an individual and preventing the necessity of emergency room services is much more cost effective in the long run. The key to providing the proper services for the patient includes screening, assessment, and referral. Screening, brief intervention, and referral to treatment (SBIRT) is a well-documented, promising practice. HANDS, a voluntary intensive home visitation program for first-time parents, and similar programs have been noted for providing effective and efficient practices. Peer support also provides a significant improvement in both physical and behavioral health and reduces the need for more costly future services.

Insurers are also required to provide preventive services covered under the Affordable Care Act. These preventive services include, for example, alcohol abuse screening and counseling, depression screening, tobacco use screening and interventions, among others. These services are

to be provided without the patient having to provide a co-payment or adding to his or her deductible.

Other Business
Potential agenda items for the next meeting include follow up to gauge insurers' thoughts on behavioral health services, education about coverage under the ACA, gathering information from insurers about efforts to ensure parity in behavioral health services for the individual and small group markets, and coverage for behavioral health and substance use services in the large group plans. It was further noted that anything in excess of essential health benefits would not be covered by Advance Premium Tax Credits. The next Behavioral Health Subcommittee meeting is scheduled for February 19, 2013, at 1:30 pm.

Adjournment
The meeting adjourned at 3:25 p.m.